

Ethical dimensions to reflection

Reflection is a key aspect of practice for healthcare scientists so we also need to be aware of the ethical dimensions of reflection and reflective practice. This is not just about maintaining confidentiality in your reflective writing there is more to it than that.

“Reflective practice is not simply re-examining someone’s cases; it involves personal interpretation and judgement. The reflector may be recording incidents, verbally or in written form, which would not otherwise be recorded, and may be controversial. This raises questions about the nature and ownership of knowledge, and the responsibilities of people who have such knowledge. Systematic and continued reflection may be akin to action research and, as such, considerations of rigour, authenticity and informed consent need to be addressed. Thus whilst reflective practice may prove a good thing, it cannot be seen in isolation from wider ethical concerns.”¹

Whilst working in a clinical environment, ethical and moral issues just arise that cannot be hidden. Reflective writing is one way of expressing how we feel about a situation and a starting point for beginning to deal or cope with it. Similarly talking to colleagues about what happened is a release of feelings for example anger or shame. These stories of practice help us to develop as reflective practitioners as we learn from what we, or others do or do not do. “I wouldn’t work that way” is a positive decision but may have further implications.

Task 1 – Reflection on an incident

Think back to an incident that made you stop and think about what you or others were doing. What was the impact of this on you at the time? How did this change or effect your professional practice?

The points that Janet Hargreaves² raises are worthwhile considering:

“Reflection is not without moral significance, for example

- Reflection is emotionally demanding for the person who is doing it. Can we insist they do it?
- On reflecting the reflector may feel pressured to act to change the situation, thus disturbing the status quo.
- If you then share those reflections with others verbally then you expose a part of yourself, and divulge information about unsuspecting third parties.
- If you write down these reflections as part of an assessed course they are read by a least one other person, and are given into that third party’s custody for safe keeping. Also in doing this there is an obligation to reveal part of yourself which may usually be private in order to gain

academic credit, and to use the experiences of your (non-consenting) patients as the medium for your achievement.”

Considering the ethical dimensions to reflection is important for us all as reflective practitioners. Including those who are involved in helping others become reflective practitioners whether students, trainees as well as new or existing staff. This is a situation where both the facilitator and students need to be prepared or supported³. Talking about work submitted for work based learning, Boud and Solomon⁴ note that “There are ethical concerns about representations of third parties, confidential business material and the exposure of students’ personal encounters to be considered.”

Task 2 – Who is facilitating or supporting reflection?

This may seem a different task for clinical photographers than their managers but we all at some point require support. Who can you go to? What support or facilitation is available in your work place? Who can you turn to? From a facilitators perspective the questions are more about: How are we helping or supporting the reflection of placement students, trainees or staff?

If we are acting as a facilitator of reflection we need to be aware of the ethical implications and where support is needed:

- For students going on placement before, in the workplace and afterwards.
- For trainees coming across real ethical dilemmas for the first time. ‘What should I do?’, “Who should I talk to?”
- For staff who are reflective practitioners. They may still need support when something comes up that they have not had to confront before.

If we are using reflection as a developmental tool we need to be sure that the necessary understanding of professional responsibility and support is in place before we let students, trainees or new staff out into the clinical environment. As Hargreaves states “. . . reflection is seen as powerful, but potentially leading the student and educator into conflict with practice which is unused to such sharp scrutiny. Faced with a mismatch between the reflection of reality and theoretical ideals the student need support and recognition.”⁵

References

1 Hargreaves, J. (1997) Using patients: exploring the ethical dimension of reflective practice in nurse education. J Adv Nursing 25: 223-228, p 223.

2 Bolton, G. (2005) Reflective practice: Writing and professional development. London: Sage Publications, 2nd ed, p74-75.

3 Hargreaves, J. (1997) Using patients: exploring the ethical dimension of reflective practice in nurse education. J Adv Nursing 25: 223-228.

4 Boud, D. Solomon, N. (2001) Work based learning: A new higher education? Buckingham: Open University Press, p57.

5 Hargreaves, J. (1997) Using patients: exploring the ethical dimension of reflective practice in nurse education. J Adv Nursing 25: 223-228, p 224-5.